## L22000101123

| (Requestor's Name)                      |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
|   |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| (Only October 11)                       |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (Boomboo Zinti, Name)                   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| 11-                                     |  |  |  |  |  |  |
| mils                                    |  |  |  |  |  |  |
| ···· VI 1524                            |  |  |  |  |  |  |

Office Use Only



400417441824

11/01/28--01091--002 \*\*25.50

2023 NOV -1 PH 1:52

## COVER LETTER

| TO: Registration Section Division of Corporations  |  |
|--|--|
| SUBJECT: NA HONWIDE WAS TE SERVICES, LLC   |  |
| SUBJECT:Name of Lim  | ited Liability Company   |
| Dear Sir or Madam:   |  |
| The enclosed Registered Agent/Registered Office Chang  | ge and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter  | to the following:  |
| AARON THALWITZER   |  |
| Name of Person   |  |
| GORDON & THALWITZER  |  |
| Firm/Company   |  |
| 299 N ORLANDO AVE  |  |
| Address  |  |
| COCOA BEACH FL 32931   |  |
| City/State and Zip Code  | <del></del>  |
| SARAH@NATIONWIDECONSTRUCTIONVENTURES.C   |  |
| E-mail address: (to be used for future annual repor  | t notification)  |
| For further information concerning this matter, please ea  | all:   |
| Name of Person   | Area Code & Daytime Telephone Number   |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check for the following amount   | ;  |
| ■ \$25 Filing Fee  | □ \$55 Filing Fee & Certified Copy   |

INHS18 (2/14)

TO:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

|         | me of the limited liability company: NATIONWIDE WA   |                          | (b)               | 608 HOFF                                  | NER AVE                                   |                         |                        |  |
|---------|--|--------------------------|-------------------|---|---|-------------------------|------------------------|--|
| •       | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  | •                        | ( ,               |   | Mailing address<br>( <u>Note: MAY</u>     |                         |                        |  |
|         | ORLANDO, FL 32809  |                          |                   | ORLANDO                                   | O. FL 32809                               |                         |                        |  |
|         | 2/25/2022  | -                        | 1.                | 220001011                                 | 23  |                         |                        |  |
|         | Date of filing/registration in Florida   | 4.                       | _                 |   | Document n                                | umber                   |                        |  |
| a)      | AARON THALWITZER, ESQ.   |                          |                   |   |   |                         |                        |  |
|         | Registered Agent and Registered Office shown on the records of the   | Flori                    | đa I              | ept, of State                             | -<br>::                                   |                         |                        |  |
|         | 299 N ORLANDO AVE  |                          |                   |   |   |                         |                        |  |
|         | Registered Office Address (MUST BE FLORIDA STREET AD   | DRE.                     | <u>SS)</u>        |   | -   |                         |                        |  |
|         | COCOA BEACH FL 32  | 2931                     |                   |   | <b>.</b>                                  | :                       | 2                      |  |
| )       | C T CORPORATION SYSTEM   |                          |                   |   |   | 70<br>70<br>70<br>70    | 2023 NOV -             | <b>~</b> 7   |
| •       | Enter name of NEW Registered Agent and/or NEW Registered Of  | ffice :                  | ddi               | ess:                                      | -   | :·<br>:                 | - 7(                   | منجست<br>جست<br>م  |
|         | 1200 SOUTH PINE ISLAND ROAD  |                          |                   |   |   | •                       | Pi                     | 9 5 6  |
|         | NEW Registered Office Address:   | •                        |                   |   |   |                         | 1:52                   | المنابعة الم |
|         | PLANTATION EL 33   | 324                      |                   |   |   | • •                     |                        |  |
| ge<br>W | mited liability company is not organized under the laws or changes are made, the Florida street address of the reill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the sof organization or the operating agreement of the line. | giste<br>lity c<br>he li | red<br>com<br>mit | office and<br>pany, it is<br>ed liability | I the busines<br>hereby conf<br>company o | s office c<br>irmed the | of the re<br>at the el | gistered hange(s)  |
|         | Cinc H   | J()                      | NΛ                | THAN DO                                   | ROSH - NAT                                | TONWID                  | E CON                  | STRUCTI  |
| ) بهما  | re of a member or authorized representative of a member  |                          |                   |   | Printed or type                           | ed name of              | signee                 |  |
| chi     | y accept the appointment as registered agent and agree<br>ns of all statutes relative to the proper and complete per<br>pations of my position as registered agent as provided for<br>ly reflect a change in the registered office address. I her  | rfori.                   | nan               | ce of my a                                | luties and L                              | am famil                | iar with               | rand acc   |